

Participant Application Form

Referring Organisation or Person (if applicable)		
Name of Organisation:		
Referred by:		
Phone Number:		
Email:		
Participant Details		
First Name/s:	Surname:	
Address:		
Phone Number:	Email:	
Date of birth:	Age (years):	M/F:
Consent for referral and contact provided:		

Does the participant live, work or study in the District Council of Grant or Mount Gambier? YES NO

Does the participant currently hold a valid learner's permit? YES NO

Is the participant aged between 16 and 25 years? YES NO

Does the participant have access to a motor vehicle belonging to a family member or friend? YES NO

Please provide comment:

Does the participant have a willing supervising driver? YES NO

Please provide comment:

Has the participant been declared competent to drive with a volunteer supervising driver? *If yes, please attach the **Driving Competency Report completed** by a professional driving school/instructor and return along with completed referral form.* YES NO

How many supervised driving hours has the participant completed?

Number of professional lessons: Total Log Book hours recorded:

Is the participant able to make their way to the DCG Office twice per week for supervised driving sessions? YES NO

Has the participant previously held a provisional drivers licence? YES NO

Does your participant have proficiency in English language skills? YES NO

Please provide any addition information:

(e.g. Client needs, medical illness/allergies, mental health issues, behavioural issues, disability, etc.)

Payment:

Participation in Geared 2Drive attracts a \$5 administration fee per supervised driving hour (this cost is to cover fuel, insurance, car maintenance, registration, etc.).

My participant _____ has been referred to complete _____ supervised driving hours through participation in Geared 2Drive.

(NOTE: 75 supervised driving hours are required for learner drivers to be eligible to apply for a provisional drivers licence. Geared 2Drive can provide up to 70 hours of supervised driving with volunteer supervising drivers. The remaining 5 hours, will be achieved by your client's participation in professional driving lessons – which are at an additional cost paid directly to their chosen driving school).

Please indicate how the applicant's participation in Geared 2Drive will be funded:

- Full payment will be organised by referring organisation (this includes where referring organisation is applying for brokerage/funding from another source)
- Part payment will be organised by referring organisation, and client is able to pay remainder of their participation fee
 - Part payment amount: \$ _____
- Participant will pay full participation in this program (will bring \$ 5 with them for each 1 hour session)

Where applicable, please provide details for invoicing:

Name of Organisation:	
Attention to:	
Address:	
Phone:	Email:
Amount to invoice: \$	

I understand that if accepted, _____ (participant's name) will be expected to:

- Attend 2 x 1 hour long supervised driving sessions per week with a volunteer supervising driver
- Give a minimum of 24 hours notice for cancellation or rescheduling of any driving session
- Display a positive attitude towards driving
- Maintain acceptable behavioural and dress standards
- Attend the compulsory participant workshop on road safety
- Be respectful of the volunteer supervising driver and listen to their instruction
- Abide by road rules and drive within the conditions of their learner's permit
- Provide informed consent to communication between the referring organisation and DCG regarding their personal information and circumstances that may be relevant to their participation in Geared 2Drive.

I understand that an inability to abide by these expectations may result in the participant being unable to engage in the program.

Referring Case Manager/Parent Signature: _____ Date: _____

(If under 18 years)

If self-referral, Participant Signature: _____ Date: _____

**Please return completed Application Form and Driving Competency Report (completed by professional driving instructor/school) to:
Office: 324 Commercial Street West, Mount Gambier SA 5290
Email: info@dcgrant.sa.gov.au (Please print, sign, and scan to email)
Fax: 08 8721 04104**

Driving Competency Report - Learner driver skill requirements

Professional Driving Instructor (MDI) Instructions

Please provide the following information allowing staff to assess the driver's readiness to commence supervised driving hours with a Geared 2Drive volunteer supervisor.

Learner Driver Name: _____

Driving History (if any)

Recorded driving hours (from log book) _____ Date last drove with supervisor: _____

Driving school lessons (total hours) _____ Date of last driving school lesson: _____

Notes:

Requirements:

Learner Drivers must be able to safely carry out these basic driving skills under supervision in light traffic.

Note: *Learners are not expected to be fully competent but must be able to **operate the vehicle safely** under the guidance of a volunteer supervising driver. Drivers need to continue professional lessons until they meet the satisfactory requirement for all 8 skills listed below to participate in the program.*

Basic Driving Skills (refer to The Driving Companion for more details):

Satisfactory (please tick)

1. Cabin drill; Starting and shutting down the engine
2. Moving off from and Stopping at the kerb
3. Steering (forward)
4. Correct vehicle road positioning
5. Basic lane changing, merging and diverging
6. Turning at corners (intersections), basic give-way understanding

Safe Learning Skills

7. Able to follow verbal instructions
8. Willingness to learn and follow instructions / direction

Notes:

Learner Driver's Signature: _____ Date: _____

Driving Instructors Name: _____ MDI Number: _____

Driving Instructors Signature: _____